

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2014 DEC -2 4:06 PM

1. Person Making the Disbursements/Obligations

(a) Name Paul Caprio, President Patriotic Veterans, Inc.

(b) Address (number and street) ☐ check if different than previously reported
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code
Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

01 / 01 / 2014

through

11 / 24 / 2014

5. (a) Date of Public Distribution(s)

11 / 24 / 2014

(b) Communication Title

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name Paul Caprio

(b) Address (number and street)
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code
Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

Paul Caprio Assoc.

Sole proprietor

9. Total Donations This Statement

\$ 25,000.00

10. Total Disbursements/Obligations This Statement

\$ 24,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

PAUL CAPRIO

SIGNATURE

Paul Caprio

DATE

11-24-14

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

60 PLUS ASSOCIATION (C-4)

Mailing Address of Donor

515 King Street Suite 315

City

Alexandria Va.

State

Zip

22314

Date of Receipt

MM / DD / YYYY

Amount

25,000.00

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

SUBTOTAL of Donations This Page (optional) ▶

25,000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

25,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle-Initial) of Payee

AD ASSOCIATES

Mailing Address of Payee

10491 Fm 2451

City Scurry, State TX. Zip Code 75158

Name of Employer Dorothy Baker Occupation media buyer

Date of Disbursement or Obligation

11 / 13 / 2014

Amount 24,500.00

25,000.00

Communication Date

11 / 23 / 2014

Purpose of Disbursement (Including title(s) of communication(s))

Radio advertising by Patriotic Veterans, Inc.

Name of Federal Candidate Office Sought: House State: LA. Senate District: President

Mary Landrieu

Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate Office Sought: House State: Senate District: President

Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate Office Sought: House State: Senate District: President

Disbursement/Obligation For: Primary General Other (specify)

B. Full Name (Last, First, Middle-Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

MM / DD / YYYY

Communication Date

MM / DD / YYYY

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate Office Sought: House State: Senate District: President

Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate Office Sought: House State: Senate District: President

Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate Office Sought: House State: Senate District: President

Disbursement/Obligation For: Primary General Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line 10)

\$ 24,500.00

\$ 24,500.00

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

Patriotic Veterans, Inc.

414 North Orleans Plaza · Suite 320 · Chicago, IL 60654

NOV 15 2014

IL 604

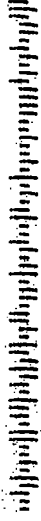
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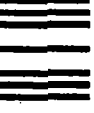
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20463



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Federal Election Commission
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 PREPARER (8/2013)	12/2/14 DATE PREPARED

11/26/14 11:26 AM